

## RESIDENTIAL DISCONNECTION NOTICE

Generic Communications Corporation

[DATE]

Customer Name	Account Number: xxxxxxxx
Address 1	Total Past Due: \$xxxx.xx
Address 2	Local Past Due: \$xxx.xx
City, State, Zip	Toll and other charges past due: \$xxxx.xx

Our records indicate that your account has a delinquent balance. Your service will be disconnected on *[disconnection dates in the disconnection window falling on a weekday but not Fridays, not Vermont legal holidays, and not days on which or days before the company's offices are closed]* between the hours of *["8:00 a.m. and 2:00 p.m. Eastern Time" or "8:00 a.m. to 5:00 p.m. Eastern Time" if company has authorized personnel available to make payment arrangements and reconnect service available until 8:00 p.m.]* unless:

1. The past due balance is paid in full by [DATE] OR
2. You enter into a reasonable agreement with Generic Communications to pay the delinquency by means of a repayment plan OR
3. You pay your local balance in full or enter into a reasonable arrangement to repay the local portion of your bill (Any service other than local may be interrupted if you pay only the local portion of your bill) OR
4. You deny the existence of any delinquency in excess of \$50.00, submit the dispute to the Vermont Public Service Board (Board), and the Board orders Generic Communications not to disconnect your service OR
5. You advise Generic Communications that you will present to Generic Communications, no more than seven days later, a statement from a duly licensed physician certifying that disconnection will result in an immediate and serious health hazard to you or to a resident within your household. The use of a physician's certificate to prevent disconnection or to cause a reconnection is limited to two consecutive 30-day periods and shall not exceed three 30-day periods in any calendar year unless the Board orders us otherwise.

In order to resolve this matter you may contact Generic Communications and we will negotiate a reasonable repayment plan.

*[company representative name or title]*

Generic Collections Center

P. O. Box 0000

Anytown, Anystate 00000-0000

Phone: 800-NXX-XXXX

Hours: *[Hours of operation]*

If, after entering such negotiations, you do not believe our terms to be reasonable, you may request the assistance or advice of the Consumer Affairs and Public Information Division of the Vermont Department of Public Service in conducting further negotiations. In addition, the Consumer Affairs and Public Information Division can provide you information on how to submit a dispute regarding the delinquent balance to the Public Service Board.

Consumer Affairs and Public Information Division  
Vermont Department of Public Service  
112 State Street, Drawer 20  
Montpelier, VT 05620-2601

Phone: 800-622-4496 or 802-828-2332  
TTY: 800-734-8390  
Hours: 7:45 a.m. to 4:30 p.m. Mon.-Fri.

If we are required to [*collection action other than disconnection that the company may take*], you will be charged a fee of \$xx.xx. If your service is disconnected, you will be charged a fee of \$xx.xx for disconnection and a fee of \$xx.xx for restoration of service. You may also be charged a deposit prior to restoration of service in an amount as much as \$xx.xx, which is [*“two-twelfths of the reasonably estimated charge for the following twelve months of service,” or some other calculation producing a lesser amount*].

## NON-RESIDENTIAL DISCONNECTION NOTICE

Generic Communications Corporation

[DATE]

Customer Name	Account Number: xxxxxxxx
Address 1	Total Past Due: \$xxxx.xx
Address 2	Local Past Due: \$xxx.xx
City, State, Zip	Toll and Other Past Due: \$xxx.xx

Our records indicate that your account has a delinquent balance. Your service will be disconnected on *[disconnection dates in the disconnection window falling on a weekday but not Fridays, not Vermont legal holidays, and not days on which or days before the company's offices are closed]* between the hours of *["8:00 a.m. and 2:00 p.m. Eastern Time" or "8:00 a.m. to 5:00 p.m. Eastern Time" if company has authorized personnel available to make payment arrangements and reconnect service available until 8:00 p.m.]* unless:

1. The past due balance is paid in full by [DATE] OR
2. You pay your local balance in full (Any service other than local service may be interrupted if you pay only the local portion of your bill) OR
2. You submit any disputed portion of the charge to the Vermont Public Service Board (Board), and the Board orders Generic Communications not to disconnect your service *["OR*
3. *You enter into an extended repayment plan with Generic Communications." if the company offers such a plan.]*

You may contact us to make an inquiry, to discuss the delinquency, or to make a complaint.

*[company representative name or title]*

Generic Collections Center

P. O. Box 0000

Anytown, Anystate 00000-0000

Phone: 800-NXX-XXXX

Hours: *[Hours of operation]*

You may request the assistance or advice of the Consumer Affairs and Public Information Division of the Vermont Department of Public Service. In addition, the Consumer Affairs and Public Information Division can provide you information on how to submit a dispute regarding the delinquent balance to the Public Service Board.

Consumer Affairs and Public Information Division

Vermont Department of Public Service

112 State Street, Drawer 20

Montpelier, VT 05620-2601

Phone: 800-622-4496 or 802-828-2332

TTY: 800-734-8390

Hours: 7:45 a.m. to 4:30 p.m. Mon.-Fri.

If we are required to *[collection action other than disconnection that the company may take]*, you will be charged a fee of \$xx.xx. If your service is disconnected, you will be charged a fee of \$xx.xx for disconnection and a fee of \$xx.xx for restoration of service. You may also be charged a deposit prior to restoration of service in an amount as much as \$xx.xx, which is *["two-twelfths of the reasonably estimated charge for the following twelve months of service," or some other calculation producing a lesser amount]*.